

410 IAC 1-2.5-119 Meningococcal invasive disease; specific control measures

Authority: IC 16-19-3-4; IC 16-41-2-1

Affected: IC 16-41-2; IC 16-41-9

Sec. 119. The specific control measures for meningococcal invasive disease (infectious agent: *Neisseria meningitidis*) are as follows:

(1) An investigation shall be performed immediately upon suspicion of a case by the local health officer or designee for the purpose of identifying and treating close contacts as follows:

(A) Close contacts are defined as the following:

- (i) Daycare or preschool contact at any time during seven (7) days before onset of symptoms.
- (ii) Individuals who have shared residence with the patient.
- (iii) Direct exposure to patient's saliva during seven (7) days prior to onset of symptoms.
- (iv) Passengers seated directly next to the patient during airline flights lasting more than eight (8) hours.

(B) Treatment of close contacts should be as follows:

Medication	Dosage
Rifampin	
Less than 1 month of age	5 mg/kg every 12 hours for 2 days
1 month of age and over	10 mg/kg (maximum 600 mg) every 12 hours for 2 days
Ceftriaxone	
Less than 15 years of age	125 mg IM single dose
15 years of age and over	250 mg IM single dose
Ciprofloxacin	
18 years of age and over	500 mg oral single dose

Prophylaxis ideally should be initiated within twenty-four (24) hours after the index patient is identified; prophylaxis given more than two (2) weeks after exposure has little value. For individuals who cannot safely receive any of the medications listed above, a single dose of azithromycin, 10 mg/kg up to 500 mg may be given to prevent disease. Rifampin and ciprofloxacin should not be administered during pregnancy.

(2) Droplet precautions are required for hospitalized patients until twenty-four (24) hours of effective antimicrobial therapy has been completed.

(3) Concurrent disinfection is required for the following:

(A) Discharges from the nose and throat.

(B) All articles soiled by discharges from the nose and throat. Terminal cleaning is required.

(4) Quarantine is not required.

(5) Outbreak control measures are as follows:

(A) An outbreak of meningococcal disease is defined as the occurrence of three (3) or more cases of meningococcal disease with the same serogroup in less than three (3) months among persons with a common affiliation or residing in the same area but do not have close contact with each other, resulting in attack rate of greater than ten (10) cases/one hundred thousand (100,000) population. In certain populations, the attack rate threshold may be reached with as few as two (2) cases. Mass vaccination should be considered when the attack threshold is reached, particularly in populations at high risk for disease.

(B) Mass prophylaxis or closure of public and private facilities is not recommended.

(6) The Centers for Disease Control and Prevention and the Council of State and Territorial Epidemiologists set the standard clinical and laboratory case definition.

(Indiana State Department of Health; 410 IAC 1-2.5-119; effective Dec 25, 2015)